



# VOLUNTEER APPLICATION

## Hampton Health Department Volunteer Services Program

Thank you for your interest in volunteering with the Hampton Health Department (HHD). Completion of the following will assist us in identifying a volunteer position for you. Volunteer placement is conditional based on the needs of the organization and the skills and availability of the applicant. **PLEASE PRINT LEGIBLY.**

### Personal Information

Full Legal Name \_\_\_\_\_

Check one: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other \_\_\_\_\_

Nick Name (if different from legal name) \_\_\_\_\_

Phone (Home) (\_\_\_\_) \_\_\_\_\_ (Office) (\_\_\_\_) \_\_\_\_\_ (Cell) (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

### Emergency Contact

Please list your contact person in case of injury or illness while volunteering:

Name (Last Name/First Name) \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Home) (\_\_\_\_) \_\_\_\_\_ (Office) (\_\_\_\_) \_\_\_\_\_ (Cell) (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ OK to contact at all the above phone numbers

### Volunteer Interest

What type of opportunity interests you? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Working with the general public | <input type="checkbox"/> Working independently     |
| <input type="checkbox"/> Working behind the scenes       | <input type="checkbox"/> Working as part of a team |
| <input type="checkbox"/> Supervising a team              |  |

I am interested in being considered for: (Check all that apply)

- |   |
|---|
| <input type="checkbox"/> Administrative Support Volunteer (provides administrative support to HHD clinics/programs) |
| <input type="checkbox"/> Event Volunteer (provides a variety of event support for HHD special clinics/events)       |
| <input type="checkbox"/> On-Call Volunteer (provides last minute administrative or event support)                   |

Reasons you'd like to volunteer: \_\_\_\_\_

\_\_\_\_\_

How did you hear about our volunteer program? \_\_\_\_\_

\_\_\_\_\_

### **Volunteer Availability**

Check the days and the time of day you would most likely be available to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

### **Event Interest** (check all that apply – event dates vary)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Any Event         | <input type="checkbox"/> Flu Clinics (Oct-Dec)    | <input type="checkbox"/> Child Fair (August) |
| <input type="checkbox"/> Health Screenings | <input type="checkbox"/> Women's Health Day (May) | <input type="checkbox"/> Health Fairs        |

### **Licenses**

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Medical Volunteers:

Profession \_\_\_\_\_ Professional License # \_\_\_\_\_

License Expiration (mm/dd/yyyy) \_\_\_\_\_

State of License \_\_\_\_\_

### **Education**

Please indicate education completed:

Educational Level	Completed (Indicate Yes or No)	Number of Years Completed	Degree Type	Major/Minor
High School				
College				
Post Graduate				
Other				

### **Employment/Volunteer History**

Employment Status: ☐ Full-time ☐ Part-time ☐ Retired ☐ Unemployed

Current Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Starting with the most recent, describe all paid, military, and applicable volunteer experience. If you have a current resume, you may attach it and skip this section.

Employer	Job Title	Job Responsibilities

### **Legal Information**

Have you ever been convicted of a law violation(s), including all traffic violations? ☐ Yes ☐ No

If YES, please provide the following (a conviction does not automatically mean that you will not be hired):

Description of offense:

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Statute or ordinance (if known) \_\_\_\_\_ Date of charge \_\_\_\_\_

County, City, State of conviction \_\_\_\_\_ Date of conviction \_\_\_\_\_

### **Other Information**

Have you ever worked or volunteered for the City of Hampton or Hampton Health Department? ☐ Yes ☐ No

If yes, what department? \_\_\_\_\_ When \_\_\_\_\_

Do you have any disability or physical condition which should be taken into consideration when assigning you work?

☐ Yes ☐ No If yes, please specify. (A disability will not prevent you from volunteering, if you are able to perform the duties of the job.) \_\_\_\_\_

### **References**

Please list the names, addresses, telephone numbers and relationships of three individuals, not related to you, who can provide information regarding your skills and abilities.

Name	Address	Phone	Relationship	OK to Contact

### **Statement of Agreement**

I hereby certify that all entries on this application are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any rights in service to the *Hampton Health Department*.

I understand that all information on this application is subject to verification and I consent to a criminal background investigation. I also consent to references and former employers (professional or volunteer) and educational institutions listed

being contacted regarding this application. I further authorize the *Hampton Health Department* to rely upon and use, as it sees fit, any information received from such contacts.

I understand that in the course of my volunteer work for the *Hampton Health Department*, I may learn facts about individuals being served that are of a highly personal and confidential nature. I agree not to disclose any information to any person not affiliated with *Hampton Health Department* and not authorized by *Hampton Health Department* to have such information.

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Volunteer's Signature

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Date

If volunteer is a minor (under 18 years of age):

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Parent/Guardian Printed Name

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Parent/Guardian Signature

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Date

**Send completed application to:**

Hampton Health Department  
Attn: Volunteer Coordinator  
3130 Victoria Boulevard  
Hampton, VA 23661

**For questions, call or e-mail:**

(757) 315-3781  
[Lesley.DeVries@vdh.virginia.gov](mailto:Lesley.DeVries@vdh.virginia.gov)  
[Robin.Williford@vdh.virginia.gov](mailto:Robin.Williford@vdh.virginia.gov)

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